DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: GENESIS HALFWAY HOUSE (310399) Address: 1002 MOTOR AVE, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 03/01/1980

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0094990 End Date: 05/26/2005 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009121 Served 06/10/2005

Deficiencies Cited Subject Area Subject Area Verified

83.14(7)(b) CONTINUING EDUCATION 83.42(3)(e) QUARTERLY FIRE DRILLS Verified Corrected